

--	--

 $-$

--	--	--	--	--	--

 $-$

--	--	--	--

 $-$

--	--

AZ-8453

for Electronic Filing

For the year January 1 through December 31, 2004.

2004

YOUR FIRST NAME AND INITIAL			LAST NAME			YOUR SOCIAL SECURITY NO.		
IF A JOINT RETURN, SPOUSE'S FIRST NAME AND INITIAL			LAST NAME			SPOUSE'S SOCIAL SECURITY NO.		
PRESENT HOME ADDRESS - NUMBER AND STREET, RURAL ROUTE APT. NO.				TELEPHONE NUMBER WITH AREA CODE (optional)				
CITY, TOWN OR POST OFFICE STATE ZIP CODE								

1	Adjusted Gross Income (e.g. Form 140, line 17. <i>See instructions for others.</i>)	1		
2	Balance Of Tax (e.g. Form 140, line 31. <i>See instructions for others.</i>)	2		
3	Arizona Income Tax Withheld (e.g. Form 140, line 32. <i>See instructions for others.</i>)	3		
4	Refund (e.g. Form 140, line 55. <i>See instructions for others.</i>)	4		
5	Amount You Owe (e.g. Form 140, line 56. <i>See instructions for others.</i>)	5		

6a ☐ I consent that my refund be directly deposited as designated in the electronic portion of my 2004 Arizona individual income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

6b ☐ I do not want direct deposit of my refund **or** I am not receiving a refund.

6c ☐ I authorize the Arizona Department of Revenue (DOR) and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If I have filed a balance due return, I understand that if DOR does not receive full and timely payment of my tax liability by April 15, 2005, I will remain liable for the tax liability and all applicable interest and penalties. When electronically filing my federal and state tax returns, I understand that if there is an error on my federal return, the electronic portion of my state return will also be rejected.

Under penalties of perjury, I declare that the information I have given my Electronic Return Preparer (ERP) or On-Line Service Provider (OLSP) and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my 2004 Arizona income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent to my ERP or OLSP sending my return and accompanying schedules and statements to DOR, and I consent to my ERP or OLSP sending such information to DOR through a transmitter. I consent to DOR sending my ERP, OLSP and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted, and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize DOR to disclose to my ERP, OLSP and/or transmitter the reason(s) for the delay, or when the refund was sent. If DOR contacts my ERP for a copy of my return, any attachments or schedules to my return, and/or this executed Form AZ-8453, I authorize my ERP to release copies of the requested documents to DOR.

Sign Here
▶ _____
DATE _____
▶ _____
SPOUSE'S SIGNATURE (If joint return, both must sign.) _____
DATE _____

PART III – DECLARATION OF ELECTRONIC RETURN PREPARER (ERP) AND PAID PREPARER (See instructions)

I declare that I have reviewed the above taxpayer's return and that the entries on Form AZ-8453 are complete and correct to the best of my knowledge. The taxpayer will have signed this form before I submit the return. I will give the taxpayer a copy of all forms and information to be filed with the Arizona Department of Revenue and a copy of this Form AZ-8453. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

ERP Use Only	<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> </div> <div style="width: 10%;"> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> </div> <div style="width: 20%;"> <div style="text-align: right;">CHECK IF PAID PREPARER <input type="checkbox"/></div> <div style="text-align: right;">CHECK IF SELF- EMPLOYED <input type="checkbox"/></div> </div> <div style="width: 20%;"> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> </div> </div>
	<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">SIGNATURE OF ERP</div> <div style="width: 10%;">DATE</div> <div style="width: 20%;"></div> <div style="width: 20%;">YOUR SOCIAL SECURITY NUMBER</div> </div>
	<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">FIRM'S NAME (or yours if self-employed)</div> <div style="width: 10%;"></div> <div style="width: 20%;"></div> <div style="width: 20%;">EIN</div> </div>
	<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">FIRM'S ADDRESS (include zip code)</div> <div style="width: 10%;"></div> <div style="width: 20%;"></div> <div style="width: 20%;">TELEPHONE NO. WITH AREA CODE</div> </div>

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Paid Preparer's Use Only	PREPARER'S SIGNATURE	DATE	CHECK IF SELF-EMPLOYED <input type="checkbox"/>	YOUR SOCIAL SECURITY NUMBER
	FIRM'S NAME (or yours if self-employed)			EIN
	FIRM'S ADDRESS (include zip code)			TELEPHONE NO. WITH AREA CODE

ARIZONA FORM AZ-8453

Arizona Individual Income Tax Declaration for Electronic Filing

PURPOSE OF FORM

- Sign and verify the electronic portion of the Arizona Individual Income Tax Return.
- Authorize the Electronic Return Preparer (ERP) to transmit via a third party transmitter
-OR-
Authorize the On-Line Service Provider (OLSP) and/or transmitter to send the electronic portion of the return.

Definitions

"ERP" means Electronic Return Preparer, who is someone who prepares your electronic return for you and files your electronic return with the Department. An ERP is also an Electronic Return Originator (ERO).

"OLSP" means On-Line Service Provider, which is a company that provides software to assist you in the preparation and electronic filing of your return. A company that provides an on-line filing program over the Internet that allows you to prepare and electronically file your return is also an OLSP.

"Transmitter" means a company that electronically transmits your return for filing with the Arizona Department of Revenue.

When and Where to File

If you have used an ERP to file your return, your ERP will retain the original Form AZ-8453. If you use an OLSP to file your return, you must retain the original Form AZ-8453. The AZ-8453 should **not** be mailed to the department unless the department requests the document.

LINE INSTRUCTIONS

Declaration Control Number (DCN): The DCN is a 14-digit number assigned by the ERP or OLSP to each return. This number is to be entered only **after** the IRS has acknowledged receipt of the electronic portion of the return.

Name, Address and Social Security Number: Print or type the information in the spaces provided. Please verify that the Social Security Number (SSN) is clear and correct. If the return is a joint return, be sure the names and SSNs are listed in the same order as on the electronically filed return.

NOTE: The address must match the address shown on the electronically filed Arizona Individual Income Tax Return.

PART I TAX RETURN INFORMATION

Enter the corresponding line item information from Form 140, 140A, 140EZ, 140NR or 140PY on lines 1 to 5. Use whole dollars only in this area.

	Form 140 Line	Form 140A Line	Form 140EZ Line	Form 140NR Line	Form 140PY Line
Line 1	17	18	6	20	20
Line 2	31	29	15	33	34
Line 3	32	30	16	34	35
Line 4	55	47	22	55	57
Line 5	56	48	23	56	58

Line 5: Do not include payment with Form AZ-8453. Instead, mail it by April 15, 2005 with Form AZ-140V to the address shown on the AZ-140V.

Line 6: The taxpayer **must** check all applicable boxes on line 6.

Box 6a: If the taxpayer checks box 6a, the taxpayer must ensure that the following information relating to the financial institution account is provided in the tax preparation software:

- Routing Number
- Account Number
- Type of Account (checking or savings)

Box 6b: If there is an amount on line 5 and the taxpayer checks box 6b and is paying by check or money order, mail the payment by April 15, 2005 **with Form AZ-140V** to the applicable address shown on Form AZ-140V.

Box 6c: If the taxpayer checks box 6c, the taxpayer must ensure that the following information relating to the financial institution account is provided in the tax preparation software:

- Routing Number
- Account Number
- Type of Account (checking or savings)
- Debit amount
- Debit date (if the taxpayer wants to select a future date. For returns transmitted after April 15, must be current date.)

PART II DECLARATION OF TAXPAYER

If the ERP makes changes to the electronic return after Form AZ-8453 has been signed by the taxpayer, but before it is transmitted, the ERP must have the taxpayer complete and sign a corrected Form AZ-8453.

PART III DECLARATION OF ELECTRONIC RETURN PREPARER (ERP) AND PAID PREPARER

The Arizona Department of Revenue requires the ERP's signature. A paid preparer must sign Form AZ-8453 in the space for **Paid Preparer's Use Only**. Only handwritten signatures are acceptable. If the paid preparer is also the ERP, do not complete the paid preparer's section. Instead, check the box labeled "Check if paid preparer". Please enter your business telephone number so that we may contact you if assistance is needed.

NOTE: If the paid preparer's signature cannot be obtained on Form AZ-8453, you may attach a copy of the tax form. Attach only page 1 of those forms that carry signatures on page 1; or pages 1 and 2 of those forms that carry signatures on page 2.